U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3/69

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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3. Name and address of person filing.				4. Name	4. Name, file number, and address of labor organization.				
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5. Posit	ion in labor organization.	'IN SEC	TREAS/BUSINESS MANA	GER				ana ang ang ang ang mang mang ang ang ang ang ang ang ang ang ang	
Ent	er appropriate data below lf,	during th	e past fiscal year, you or your s				of the following ir	nterests	
			(except as specified in the ex	clusions set	orth in the instructio	ons): 			
A. Held	d an interest in, engaged in ary value from an employ	n transac	ctions (including loans) with, se employees your organiz	or derived ir ation repre	ncome or other eco	onomic benefit of seeking to repre	esent.		
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Name of Person Filing TIMOTHY MCCARTHY	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise							
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Ohio ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
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Trade Name, if any:		About the control of						
P.O. Box, Bldg., Room No., if any		PROAPHINITERINA						
Street								
	11.b. Approximate dollar value of such dealing.							
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State ZIP Code + 4								
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts Å and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.							
(including trade name, if any).	2 TICKETS TO A CLEVELAND BROWNS GAME - DECEMBER OF 2004 (VS NEW ENGLAND PATRIOTS)							
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Trade Name, if any:		***************************************						
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State Massachusetts ZIP Code + 4 02111-2900								
13.b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.	\$150						